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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.		520.43141X00																																																	
		First Inventor		OKADA, KOICHI																																																	
		Title		DATA MIGRATION METHOD FOR DISK APPARATUS																																																	
		Express Mail Label No.																																																			
APPLICATION ELEMENTS SEE MPEP chapter 600 concerning utility patent application contents.				ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages: 21] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 9]</p> <p>5. Oath or Declaration [Total Pages: _____]</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> </div> <div style="width: 48%;"> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p> </div> </div>																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ </p> <p>Prior application information: Examiner: _____ Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> </div> <div style="width: 48%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6" style="text-align: center;">19. CORRESPONDENCE ADDRESS</th> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> Customer Number</td> <td colspan="2" style="border: 1px solid black; text-align: center;">020457</td> <td colspan="2" style="text-align: right;">OR <input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="6">Name: ANTONELLI, TERRY, STOUT & KRAUS, LLP</td> </tr> <tr> <td colspan="6">Address: _____</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td colspan="3"></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>(703) 312-6600</td> <td>Fax</td> <td colspan="2">(703) 312-6666</td> </tr> <tr> <td>Name</td> <td colspan="2">Carl J. Brundidge</td> <td colspan="2">Registration No. (Attorney/Agent)</td> <td>29,621</td> </tr> <tr> <td>Signature</td> <td colspan="2" style="text-align: center;"></td> <td>Date</td> <td colspan="2">September 15, 2003</td> </tr> </table> </div> </div>						19. CORRESPONDENCE ADDRESS						<input checked="" type="checkbox"/> Customer Number		020457		OR <input type="checkbox"/> Correspondence address below		Name: ANTONELLI, TERRY, STOUT & KRAUS, LLP						Address: _____						City	State	Zip Code				Country	Telephone	(703) 312-6600	Fax	(703) 312-6666		Name	Carl J. Brundidge		Registration No. (Attorney/Agent)		29,621	Signature			Date	September 15, 2003	
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This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 03970 U.S. PTO
 10/661574
 09/15/03

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**FEE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**750.00****Complete if Known**

Application Number	
Filing Date	September 15, 2003
First Named Inventor	OKADA, KOICHI
Examiner Name	

Art Unit

Attorney Docket No. **520.43141X00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number **01-2135**Deposit Account Name **Antonelli, Terry, Stout & Kraus, LLP**

The Commissioner authorized to: (check all that apply)

☐ Charge fees indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fees indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code (\$)	Entity Fee (\$)	Small Fee Code (\$)	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) **750.00****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	6	-20** = 0 x 18	= 0
Indep. Claims	2	-3** = 0 x 84	= 0
Multiple Dependent		280	= 0

Large Fee Code (\$)	Entity Fee (\$)	Small Fee Code (\$)	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

**or number previously paid, if greater; For Reissues, see above.

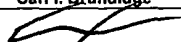
3. ADDITIONAL FEES

Large Fee Code (\$)	Entity Fee (\$)	Small Fee Code (\$)	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examination action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1406	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) **0.00****SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Carl I. Brundidge	Registration No. (Attorney/Agent)	29,821	Telephone	703-312-6600
Signature		Date	09/15/2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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